

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement of \$541.00 for dates of service, 10/11/01 through 02/12/02.
 - b. By request of the Medical Review Division, an updated Table of Disputed Services was date stamped received from the Requestor on 04/03/03. This table will be utilized and overrides the table initially filed with the original dispute.
 - c. The request was received on 07/31/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA(s)
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Example EOBs
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 08/19/02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). Even though the Requestor did not submit additional documentation, the Commission received a response from the Respondent on 9/17/02. The response is considered timely. The response is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Taken from the Table of Disputed services

“Rule 133.304. Medical Payments and Denials (a) Except as provided in subsections (d) and (e) of this section, an insurance carrier shall take final action on a medical bill not later than the 45th day after the date the insurance carrier received a complete medical bill. (b) Final action on a medical bill includes one or more of the following: (1) sending payment that makes the total reimbursement for that bill a fair and reasonable reimbursement in accordance with §133.1(8) of this title (relating to Definitions for Chapter 133, Benefits – Medical Benefits); (2) denying a charge on the medical bill.... HCP had preauthorization for two weeks and this date of service was only the third day of Chronic Pain Management the patient had in the clinic. Preauthorization number given by “....” AMC4V704.”

2. Respondent: Letter dated 09/13/02

“This letter is in response to the MR/116 received by _____. No additional documentation has been submitted by the provider to date.... The **Texas Medical Fee Guidelines list procedure code 97799 as requiring documentation of procedure and provides for reimbursement at a ‘fair and reasonable rate’** [sic] (Carrier) reimburses these services at a fair and reasonable rate of **\$125 per hour** for an accredited provider and **\$100 per hour** for a non-CARF accredited facility. According to the fee guidelines, documentation is required for services billed with procedure codes designated as DOP. Pain management programs are structured to provide coordinated, goal-oriented, interdisciplinary team services to reduce pain, improve functioning and decrease the dependence on the health care system. Our fair and reasonable rate of \$125 per hour for an accredited provider and \$100 per hour for a non-CARF accredited provider is a result of extensive review of all identifiable Chronic Pain Management Programs across the state of Texas. All contracted providers found our consistent reimbursement of \$100.00 per hour to be acceptable....”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 10/11/01 and extending through 02/12/02. Date of service 10/25/01 will be dismissed and addressed in the Dismissal section of this Findings and Decision.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$1,460.00 for services rendered on the above dates in dispute.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$643.00 for services rendered on the above dates in dispute.

5. The Carrier's EOBs deny additional reimbursement as "F Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY VALUES AS ESTABLISHED BY (Audit Company) (Z560); M Z436 (F) CHRONIC PAIN MANAGEMENT. (Z436)"
6. Per the Requestor's Table of Disputed Services, the amount in dispute is \$541.00 for services rendered on the above dates in dispute.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
10/11/01	97750-FC	\$290.00	\$43.00	F	\$100.00	MFG MGR (I) (E) (2) (a); CPT Descriptor	<p>MFG MGR (I) (E) (2) (a) states "...A summary report for each FCE is required and shall not be reimbursed in addition to the evaluation charge. Required documentation includes the start and end times for the FCE." Documentation submitted by the Provider does not have a start and end time.</p> <p>There is no copy of the FCE Report in the Commission's case file. There is no way to determine whether the service met the requirements of the referenced rule.</p> <p>No additional reimbursement is recommended.</p>
11/14/01 2/12/02	97799-CP 97799-CP	\$390.00 \$780.00	\$200.00 \$400.00	M, F for both dates of service	No MAR DOP	TWCC Rule 133.304 (c); MFG MGR (II) (G) (3) (b) and CPT Descriptor	<p>133.304 (c) states, "At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)..." The Carrier in this case, denied CPT code 97799-CP as "F - Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY VALUES AS ESTABLISHED BY (Auditing Company). And M - Z436 (F) CHRONIC PAIN MANAGEMENT. The Carrier's denial codes do not provide sufficient explanation to allow the sender to understand the reason for the Carrier's action.</p> <p>Per the Requestor's Table of Disputed Services, the amount in dispute for date of service 11/14/01 is \$112.00. For date of service 2/12/02 the table indicates the amount in dispute to be \$224.00.</p> <p>Therefore, additional reimbursement in the amount of \$336.00 is recommended.</p>
Totals		\$1,531.00	\$643.00				The Requestor is entitled to reimbursement in the amount of \$336.00

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$336.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11th day of April 2003.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd

VI. Dismissal

Date of service 10/25/01 is being dismissed. According to Commission Rule 133.307 (m) (6), the Division may dismiss a request if the commission determines that good cause exists to dismiss the request. Neither the Provider nor the Carrier submitted EOB(s) for date of service 10/25/01. This dismissal does not constitute a decision on this date/these dates of service.

This Order is hereby issued this 11th day of April 2003.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd